

PTO/SB/01 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	16970US01
First Named Inventor	David A. Horsnell
COMPLETE IF KNOWN	
Application Number	10/550,807
Filing Date	09/23/2005
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD**

the specification of which (Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **March 25, 2004** as United States Application Number or PCT InternationalApplication Number **PCT/GB2004/001377** and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 355(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
0308788.1	Great Britain	March 26, 2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

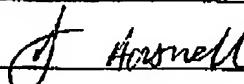
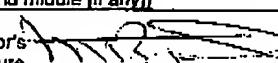
[Page 1 of 4]

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PTO/SB/01 (06-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	23446	OR	<input type="checkbox"/> Correspondence address below						
<p>Name Kirk A. Vander Leest McAndrews, Held &amp; Malloy</p> <p>Address 500 West Madison Street, Suite 3400</p> <table border="1"> <tr> <td>City Chicago</td> <td>State IL</td> <td>ZIP 60661</td> </tr> <tr> <td>Country USA</td> <td>Telephone 312-775-8000</td> <td>Fax 312-775-8100</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>						City Chicago	State IL	ZIP 60661	Country USA	Telephone 312-775-8000	Fax 312-775-8100
City Chicago	State IL	ZIP 60661									
Country USA	Telephone 312-775-8000	Fax 312-775-8100									
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		David Andrew	Family Name HORSNELL or Surname								
Inventor's Signature 		Date 13/3/06									
Residence: City Cambridge	State	Country United Kingdom	Citizenship Great Britain								
Mailing Address 3 Perne Road											
City Cambridge	State	Zip CB1 3RX	Country United Kingdom								
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Matthew Brian	Family Name TOMLIN or Surname								
Inventor's Signature 		Date 9/3/06									
Residence: City Cambridge	State	Country United Kingdom	Citizenship Great Britain								
Mailing Address 171 Church Street, Stapleford											
City Cambridge	State	Zip CB2 5DS	Country United Kingdom								
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>two</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.											

[Page 2 of 4]

PTO/SB/02A (08-03)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>	
Page 3 of 4		

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Ammar		LECHEHEB		
<b>Inventor's Signature</b>	<i>Cecheheb</i>		Date 9/15/06	
Residence: City	Cambridge	State	Country	United Kingdom
Mailing Address	3 The Paddock			
Mailing Address	Harston			
City	Cambridge	State	ZIP	CB2 5PR
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Oliver John		PRIME		
<b>Inventor's Signature</b>	<i>O. J. Prime</i>		Date 9/13/06	
Residence: City	Cambridge	State	Country	United Kingdom
Mailing Address	5 Lingholme Close			
Mailing Address				
City	Cambridge	State	ZIP	CB4 3HW
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Michael James		FOX		
<b>Inventor's Signature</b>	<i>Michael James</i>		Date 9/03/06	
Residence: City	Rutland	State	Country	United Kingdom
Mailing Address	Silverstones, Church Lane			
Mailing Address	Seaton			
City	Rutland	State	ZIP	LE15 9HR

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PTO/SB/02A (08-03)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>	
Page 4 of 4		

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Christopher Michael		BATES	
Inventor's Signature	<i>Christopher Bates</i>		
Date	26 Feb '06		
Residence: City	Northants	State	Country
			United Kingdom
Citizenship	Great Britain		
Mailing Address	2 Malvern Close		
Mailing Address	Boughton Spinney, Kettering		
City	Northants	State	Zip
			NN13 9JP
Country	United Kingdom		
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Date			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Date			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/550,807
	<b>Filing Date</b>	September 23, 2005
	<b>First Named Inventor</b>	David A. Horsnell
	<b>Title</b>	Method
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	16970US01	

I hereby appoint:

Practitioners associated with the Customer Number:  
**OR**

23446

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number**OR** The address associated with Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Kirk A. Vander Leest McAndrews Held & Malloy, Ltd.			
Address	500 West Madison Street			
Address	34 <sup>th</sup> Floor			
City	Chicago	State	IL	ZIP 60661
Country	USA			
Telephone	(312) 775-8000	Fax	(312) 775-8100	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Chehab</i>	Date	9 Mar 06
Name	Ammar Chehab	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of six form is submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to tie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O.

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	<b>Art Unit</b>	
	<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	16970US01	

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City	Chicago	State	IL	ZIP 60661
Country	USA			
Telephone	(312) 775-8000	Fax	(312) 775-8100	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/3/06
Name	Oliver John Prime	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of six form is submitted.

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FROM McANDREWS, HELD, &amp; MALLOY

(THU) 6. 15' 06 15:37/ST. 15:33/NO. 4861050472 P 13

PTO/SB/81 (06-04)

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<b>POWER OF ATTORNEY</b>  <b>and</b>  <b>CORRESPONDENCE ADDRESS</b>  <b>INDICATION FORM</b>	<b>Application Number</b>	10/550,807
	<b>Filing Date</b>	September 23, 2005
	<b>First Named Inventor</b>	David A. Horsnell
	<b>Title</b>	Method
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	16970USD1	

I hereby appoint:

Practitioners associated with the Customer Number:  
Number: 23446

OR

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Name	Registration Number

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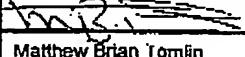
 The address associated with Customer Number:  

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kirk A. Vander Leest McAndrews Held & Malloy, Ltd.			
Address	500 West Madison Street			
Address	34 <sup>th</sup> Floor			
City	Chicago	State	IL	ZIP 60661
Country	USA			
Telephone	(312) 775-8000	Fax	(312) 775-8100	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)***SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/3/06
Name	Matthew Brian Tomlin	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of six form is submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/550,807
Filing Date	September 23, 2005
First Named Inventor	David A. Horsnell
Title	Method
Art Unit	
Examiner Name	
Attorney Docket Number	16970USD1

I hereby appoint:

 Practitioners associated with the Customer Number:

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OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The address associated with the above-mentioned Customer Number

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kirk A. Vander Leest McAndrews Held & Malloy, Ltd.				
Address	500 West Madison Street				
Address	34 <sup>th</sup> Floor				
City	Chicago	State	IL	ZIP	60661
Country	USA				
Telephone	(312) 775-8000	Fax	(312) 775-8100		

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 Applicant/Inventor, Assignee of record of the entire interest. See 37 CFR 3.71.*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature		Date	09/03/06
Name	Michael James Fox	Telephone	
Title and Company			

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FROM McANDREWS, HELD, & MALLOY

(THU) 6. 15' 06 15:37/ST. 15:33/NO. 4861050472 P 15

PTO/SB/81 (06-04)

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	First Named Inventor	David A. Horsnell
	Title	Method
	Art Unit	
	Examiner Name	
Attorney Docket Number	16970US01	

I hereby appoint:

Practitioners associated with the Customer Number:  
Number: 23446  
OR

Practitioner(s) named below:

Name	Registration Number

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kirk A. Vander Leest McAndrews Held & Malloy, Ltd.			
Address	500 West Madison Street			
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Telephone	(312) 775-8000	Fax	(312) 775-8100	

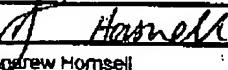
I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

SIGNATURE of Applicant or Assignee of Record

Signature		Date	13/3/06
Name	David Andrew Horsnell	Telephone	
Title and Company			

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PTO/SB/81 (06-04)

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**POWER OF ATTORNEY**  
**and**  
**CORRESPONDENCE ADDRESS**  
**INDICATION FORM**

Application Number	10/550,807
Filing Date	September 23, 2005
First Named Inventor	David A. Horsnell
Title	Method
Art Unit	
Examiner Name	
Attorney Docket Number	16970US01

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 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kirk A. Vander Leest McAndrews Held & Malloy, Ltd.				
Address	500 West Madison Street				
Address	34 <sup>th</sup> Floor				
City	Chicago	State	IL	ZIP	60661
Country	USA				
Telephone	(312) 775-8000	Fax	(312) 775-8100		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>CM Bates</i>	Date	20 Feb '06
Name	Christopher Michael Bates	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of six forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to prepare, and submit the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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